STATE OF INDIANA)	BEFORE TE	IE INDIANA	
COUNTY OF MARION)	SS: COMMISSIC	COMMISSIONER OF INSURANCE	
	CAUSE NUM	MBER: 16098-AD17-0321-028	
IN THE MATTER OF:)		
Andrea Gaines)		
743 S., 44 th St.)	APR 21 2017	
Louisville, KY 40211	Ć	,	
Application Number 578522)	STATE OF INDIANA DEPT. OF INSURANCE	
Applicant)		
Type of Agency Action: Enfor	cement)		

FINAL ORDER

The Indiana Department of Insurance ("Department"), by its counsel, Claire Szpara, and Andrea Gaines ("Applicant"), a non-resident license applicant, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Applicant's license application, and which has been submitted to the Commissioner of Insurance (the "Commissioner") for approval.

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner of Insurance:

1. Applicant's non-resident Indiana producer license shall be issued in probationary status for a period of two (2) years from the date of this Final Order.

ALL OF WHICH IS ORDERED this Zl day of 400, 20 $\sqrt{}$

Stephen W. Robertson, Commissionel Indiana Department of Insurance

Distribution:

Claire Szpara INDIANA DEPARTMENT OF INSURANCE 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

Andrea Gaines 743 S. 44th St. Louisville, KY 40211

STATE OF INDIANA)	BEFORE THE INDIANA
COUNTY OF MARION)	COMMISSIONER OF INSURANCE
	CAUSE NUMBER: 16098-AD17-0321-028
IN THE MATTER OF:)
Andrea Gaines	
743 S. 44 th St.)
Louisville, KY 40211) APR 21 2017
Application Number: 578522	STATE OF INDIANA DEPT. OF INSURANCE
Applicant	
Type of Agency Action: Enforcement)

AGREED ENTRY

This Agreed Entry is executed by and between the Enforcement Division of the Indiana Department of Insurance ("Department"), by counsel, Claire Szpara, and Andrea Gaines ("Applicant"), a non-resident insurance producer license applicant, to resolve all issues in the above captioned matter. This Agreed Entry is subject to the review and approval of Stephen W. Robertson, Commissioner for the Indiana Department of Insurance ("Commissioner").

WHEREAS, Applicant applied for an Indiana non-resident producer license under application number 578522;

WHEREAS, Applicant disclosed two (2) Class C Felony Trafficking in a Controlled Substance convictions on April 6, 1992;

WHEREAS, Indiana Code § 27-1-15.6-12(b)(6) states the Commissioner may place an insurance producer on probation for having been convicted of a felony; and

WHEREAS, the Department and Applicant (collectively, the "Parties") desire to resolve their differences and settle the issues without the necessity of an administrative hearing.

IT IS THEREFORE NOW AGREED by and between the Parties as follows:

- 1. The Commissioner has jurisdiction over the subject matter and the Parties in this Agreed Entry.
- 2. This Agreed Entry is executed voluntarily by the Parties.
- 3. Applicant voluntarily and freely waives her right to a public hearing on this matter.
- 4. Applicant voluntarily and freely waives her right to judicial review of this matter.
- 5. Applicant agrees to her license being issued on a probationary status for two (2) years.
- 6. The Department agrees to accept Applicant's compliance with the terms of this Agreed Entry herein as full satisfaction of this matter.
- 7. Applicant has carefully read and examined this Agreed Entry and fully understands its terms.
- 8. Applicant has entered into this Agreed Entry freely, and has not been subject to duress, threat or undue influence.
- 9. Should this Agreed Entry not be accepted by the Commissioner, it is agreed that presentation to and consideration of this Agreed Entry by the Commissioner shall not unfairly or illegally prejudice the Commissioner from further participation in or resolution of these proceedings.

U.V.Date Signed

Claire Szpara, Attorney Indiana Department of Insurance

4-5-17 Date Signed

STATE OF KENTUCKY)) SS: COUNTY OF Jefferson)
Before me a Notary Public for Ky. County, State of Kentucky, personally appeared Andrea Gaines being first duly sworn by me upon her oath, says that the facts alleged in
the foregoing instrument are true.
Signed and sealed this 5 day of April , 20 17.
Signature SAMES A. Ponryman &
Printed A. Ponrymen - S.
My Commission expires: 6 12 2019
County of Residence: Jeffenson

Return executed originals to: INDIANA DEPARTMENT OF INSURANCE Enforcement Division, Suite 103 311 West Washington Street Indianapolis, IN 46204-2787 317/232-7138 - telephone 317/232-5251 - facsimile